ARIZONA STATE BOARD OF HEALTH	
1. PLACE OF BIRTH BUREAU OF VITAL STATISTICS State File No.	
STANDARD CERTIF	
County Lila State Wigona	
District on Plant 1:	
Mac or Village 9	
City Mann No Od Myrican Caryon St	
City Manni No 33 Medican Carryon St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
Supplemental with the same of	
1 2 Twin, triplet or other	6. Legitimate?
fin event of plural	7. Date Ster 2 19,8
of 140., in order of birth	Month Day Year
8. FATHER	14. MOTHER
Full name Mirolas Yharra	Full maiden name Marin Luther
9. Residence	
(Usual place of abode) Miann / Anyon	15. Residence (Usual place of abode) Mani , Angon
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
Therican 11. Age at last birthday 22 (Years)	
11. Age at last birthday	Mux. cm 17. Age at last birthday 2/ (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Thu. Cd	(State or country) Mexico
13. Occupation Miner	19. Occupation
Nature of industry	
William 3	Nature of industry
20. Number of children of this mother	
(Taken as of time of birth of child berein (b) Born alive but	t now dead 21. Were precautions taken against oph-
cerement and menting (his enita). (c) Stillborn	0 9 6
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *	
I hereby certify that I attended the birth of this child, who was	
(Born slive or stillborn) - (Born slive or stillborn)	
or midwife, then the father, householder, signature.	
child is one that neither breathes nor shows other evidence of life after birth.	
Address Maun (Aug ban	
Month, day, year	
Registrar. Registrar. Registrar.	
Registrar.	
28/-1202-479	